

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13125</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Jeffery J. Jewett</u> P.O. Box, Bldg., Room No., if any <u>2737</u> Street <u>Noel Dr.</u> City <u>Little Canada</u> State <u>MN.</u> ZIP Code + 4 <u>55117</u>	4. Name, file number, and address of labor organization. Name <u>I. U. P. A. T. District Council 82</u> Labor Organization File Number <u>542-089</u> P.O. Box, Building and Room Number, if any <u>3205</u> Street <u>Country Dr.</u> City <u>Little Canada</u> State <u>MN.</u> ZIP Code + 4 <u>55117</u>
5. Position in labor organization. <u>Business Rep. - Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Jeffery J. Jewett On 7/12/05 651-224-2818  
Date Telephone Number

Name of Person Filing <u>Jeffery J. Jewett</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ST. Paul Pauling Fringe Fund  
 Trade Name, if any: How and Pension  
 P.O. Box, Bldg., Room No., if any 3001 suite 500  
 Street Metro Dr  
 City Bloomington  
 State IN ZIP Code + 4 55425

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST. Paul Pauling Fringe Funds  
 Trade Name, if any: How and Pension Fund  
 P.O. Box, Bldg., Room No., if any 3001 Suite 500  
 Street Metro Dr.  
 City Bloomington  
 State IN ZIP Code + 4 55425

11.a. Nature of such dealing.

Trustee Educational Seminar  
International Foundation

11.b. Approximate dollar value of such dealing.

\$3,107.14

12.a. Nature of interest held or income received.

Registration, Hotel, Airfare  
Daily expenses

12.b. Amount.

\$3,107.14

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Wilson - McShane  
 Trade Name, if any: T. P. A.  
 P.O. Box, Bldg., Room No., if any 3001 suite 500  
 Street Metro Dr.  
 City Bloomington  
 State IN ZIP Code + 4 55425

14.a. Nature of payment.

<u>MPWCA - Registration Fee</u>	<u>\$100.00</u>
<u>ATCH</u>	<u>11 \$125.00</u>
<u>UIC</u>	<u>11 95.00</u>
<u>Bill Peterson</u>	<u>11 125.00</u>

13.b. Is the Business an Employer ☐

or Consultant ☒ ?  
T. P. A.

14.b. Amount of payment.

\$445.00

Name of Person Filing <u>Jeffery J. Jewett</u>	File Number U-
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8. Name and address of Business (including trade name, if any).

Name St. Paul Painting Fringe Funds  
 Trade Name, if any: How and Pension  
 P.O. Box, Bldg., Room No., if any 3001 suite 500  
 Street Metro Dr.  
 City Bloomington  
 State IN ZIP Code + 4 55425

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name St. Paul Painting Fringe Funds  
 Trade Name, if any: How and Pension  
 P.O. Box, Bldg., Room No., if any 3001 suite 500  
 Street Metro Dr.  
 City Bloomington  
 State IN ZIP Code + 4 55425

11.a. Nature of such dealing.

Trustee Educational seminar

11.b. Approximate dollar value of such dealing.

\$ 1,300.00

12.a. Nature of interest held or income received.

Registration and one night Hotel

12.b. Amount.

\$ 1,300.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Jeffery J. Jewett</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>Labor Management Cooperation Initiative</u> Trade Name, if any: <u>Lmci</u> P.O. Box, Bldg., Room No., if any <u>1750</u> Street <u>New York Ave, NW</u> City <u>Washington DC</u> State <u>Washington DC</u> ZIP Code + 4 <u>20006</u>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <u>Labor Management Cooperation Initiative</u> Trade Name, if any: <u>Lmci</u> P.O. Box, Bldg., Room No., if any <u>1750</u> Street <u>New York Ave, NW</u> City <u>Washington DC</u> State <u>Washington DC</u> ZIP Code + 4 <u>20006</u>	11.a. Nature of such dealing.  <u>Lmci - Dinner meeting 79.90</u> <u>lmci dinner meeting 127.91</u>  11.b. Approximate dollar value of such dealing. <u>207.81</u>  12.a. Nature of interest held or income received.  <u>Lmci - Education</u>  12.b. Amount. <u>207.81</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.  <div style="height: 100px; border: 1px solid black;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

The transactions, dealing and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Jeffrey Jewett  
signature

JcFF J. Jewett

8/12/05  
Date